2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 02, 2004 8:00 am Secretary of State DOCUMENT # P01000000492 04-02-2004 90077 025 ***150.00 ENFORCER ROOFING CORP. Principal Place of Business Mailing Address 7242 NW 70 ST MIAMI FL 33166 7242 NW 70 ST TOPMENEN MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 65-1066245 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, JHOAN L Street Address (P.O. Box Number is Not Acceptable) 7242 NW 70TH ST **MIAMI FL 33166** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME HERNANDEZ, JHOAN L NAME 7242 NW 70TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP VΡ TITLE Delete TITLE ☐ Change ☐ Addition HERNANDEZ, LEONER NAME NAME 7242 NW 70 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP ☐ Change TITLE ☐ Detete TITLE Addition NAME HERNANDEZ, ERIKA NAME STREET ADDRESS 7242 NW 70 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: R OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

FILED